

**19th Judicial District of Pennsylvania
Administrative Office of York County Courts**

AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

The 19th Judicial District of Pennsylvania, through the Administrative Office of York County Courts (AOYCC), complies with Title II of the Americans with Disabilities Act (ADA) which provides that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity”. 42 U.S.C.A. §12132. Pursuant to that requirement, if you are an individual with a disability who needs an accommodation in order to participate in any judicial proceeding or any other service, program, or activity of the 19th Judicial District, you are entitled, at no cost to you, to the provision of certain assistance. The ADA does not require the AOYCC to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

If you require an accommodation under the ADA, it is recommended that you make your request as soon as possible, but at least three (3) business days before your scheduled participation in any court proceeding or 19th Judicial District program or activity. All requests for accommodation will be given due consideration and if necessary, may require an interactive process between the requestor and the AOYCC to determine the best course of action. Failure to provide advance notice may result in a delay in the proceeding.

To request a reasonable accommodation, please complete the *Request for Reasonable Accommodation Form* (ADA Form A) and return it to:

ADA Coordinator
Administrative Office of York County Courts
York County Judicial Center
45 N. George Street, York, PA 17401
Telephone 717-771-9234, Fax 717-771-9911
Email AOYCC@YorkCountyPa.gov.

If you need assistance completing this form, contact the ADA Coordinator.

Complaints alleging violations of Title II under the ADA may be filed with the ADA Coordinator at the address listed above, pursuant to the AOYCC ADA Complaint Procedure. A response will be sent to you after careful review of the facts.



AOYCC ADA FORM A
19TH JUDICIAL DISTRICT OF PENNSYLVANIA
ADMINISTRATIVE OFFICE OF YORK COUNTY COURTS

AMERICANS WITH DISABILITIES ACT ACCOMMODATION (ADA) TITLE II REQUEST FOR REASONABLE ACCOMMODATION FORM
(INCLUDES REQUEST FOR INTERPRETER FOR HEARING /SPEECH IMPAIRED)

Client Information – Section A

Name: _____	Phone: _____
Address: _____	Email: _____
_____	Mobile: _____

Please check the box that most closely describes your status in this matter:

☐ Litigant ☐ Plaintiff ☐ Defendant ☐ Parent ☐ Child ☐ Witness ☐ Attorney ☐ Victim ☐ Juror
☐ Other (please explain) _____

Requestor Information (if different from above)

Name: _____	Bus. Phone/ Mobile: _____
Address: _____	Fax: _____
Relationship to Client: _____	Email: _____
	TTY: _____

Accommodation

Nature of the disability for which an accommodation is requested: _____

Accommodation requested: _____

Location of Proceeding

Name of Office: _____
Address: _____

Proceeding Information (if known)

Case #: _____
Case Name: _____
Judge: _____
Proceeding Date: _____ Proceeding Time: _____
Proceeding Type: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO: ADA Coordinator, Administrative Office of York County Courts, York County Judicial Center, 45 N. George Street, York, PA 17401, Telephone 717-771-9234, Fax 717-771-9911, email AOYCC@YorkCountyPa.gov.

I hereby certify that an Americans with Disabilities Act accommodation is required in the above-captioned action on the date stated.

Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Service Provider Information - Section B

A SERVICE REQUEST HAS BEEN MADE FOR THE CLIENT NAMED ABOVE.

Service Provider Company: _____ Individual Interpreter Name: _____ Bus. Phone/ Mobile: _____	Fax: _____ Email: _____ Date to Provider: _____
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Court Official Verification – Section C

VERIFYING OFFICIAL SHALL MAINTAIN A COPY IN THE COURT'S CASE FILE AND PROVIDE THE ORIGINAL TO THE SERVICE PROVIDER FOR SUBMISSION WITH BILLING.

I hereby verify that the services were performed by the provider in the above-captioned action on the date and time stated.

Start Date & Time: _____	End Date & Time: _____
Court Official: _____ (Please print name)	Signature: _____
Title: _____	Date: _____

**19th Judicial District of Pennsylvania
Administrative Office of York County Courts**

AMERICANS WITH DISABILITIES ACT (TITLE II) COMPLAINT PROCEDURE

This procedure is established for the prompt resolution of complaints alleging any violation of Title II of the Americans with Disabilities Act (ADA) in the provision of services, programs, or activities by the 19th Judicial District of Pennsylvania, through the Administrative Office of York County Courts (AOYCC). If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact the AOYCC ADA Coordinator at the address provided at the end of this policy document.

To file a complaint under the ADA Complaint Procedure please take the following steps:

1. Complete the complaint form and return it to the ADA Coordinator at the address provided at the end of this policy document. Alternative means of filing complaints will be made available for persons with disabilities upon request. The complaint should be submitted as soon as possible but no later than thirty (30) calendar days after the alleged violation.
2. Within fifteen (15) calendar days of receipt of the complaint, the ADA Coordinator, or their designee, will investigate the complaint, which may include meeting with the individual seeking an accommodation, either in person or via telephone, to discuss the complaint and the possible resolutions. Within fifteen (15) calendar days of the meeting, the ADA Coordinator, or their designee, will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio. The response will explain the position of the 19th Judicial District of Pennsylvania and offer options for substantive resolution of the complaint.
3. If the response to the complaint does not satisfactorily resolve the issue, the complainant may appeal the decision within fifteen (15) calendar days after receipt of the response to the District Court Administrator at the address provided at the end of this policy document. Within fifteen (15) calendar days after receipt of the appeal, the District Court Administrator, or their designee, will meet with the

complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the District Court Administrator, or their designee, will respond in writing, and where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

This ADA complaint procedure is informal. An individual's participation in this informal process is completely voluntary. Use of this complaint procedure is not a prerequisite to, and does not preclude, a complainant from pursuing other remedies available under law.

The Pennsylvania Unified Judicial System (UJS) Policy on Non-Discrimination and Equal Employment Opportunity also encompasses disability-related issues and provides complaint procedures for UJS court users. Any employment-related disability discrimination complaints will be governed by the UJS Policy on Nondiscrimination and Equal Employment Opportunity.

Both the AOYCC ADA Coordinator and the District Court Administrator can be contacted at:

Administrative Office of York County Courts
York County Judicial Center
45 N. George Street, York, PA 17401
Telephone 717-771-9234, Fax 717-771-9911
Email AOYCC@YorkCountyPa.gov



AOYCC ADA FORM B
19TH JUDICIAL DISTRICT OF PENNSYLVANIA
ADMINISTRATIVE OFFICE OF YORK COUNTY COURTS

AMERICANS WITH DISABILITIES ACT (ADA) TITLE II COMPLAINT FORM

Complainant Information

Complainant Name: _____	Home Phone (include area code): _____
Address: _____	Business Phone (include area code): _____
	Mobile Phone (include area code): _____

Alternative Contact Person (other than Complainant)

Name: _____	Home Phone (include area code): _____
Address: _____	Business Phone (include area code): _____
	Relationship To Complainant: _____

Court Service, Program or Facility Allegedly in Violation

Date and Location of Alleged Violation (dd/mm/yyyy)

Description of Alleged Violation and Requested Remedy

Has this case been filed with the Department of Justice or other government agency or court?

Yes No

If You Answered “Yes” to the Previous Question, Complete the Following

Agency or Court: _____	Contact Person: _____
Address: _____	Phone (include area code): _____
	Date Filed: _____

Other Comments

Signature: _____	Date: _____
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